

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006870

STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 98

FILED FEB 20 1962

1. PLACE OF DEATH

a. COUNTY

Jasper

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Jasper

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Joplin, Mo.

Length of stay in 1b

1 yr

c. CITY

OR

TOWN Joplin

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Freeman Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

Virginia Hotel- 201 Va. Ave.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

William

Edward

Ellison

4. DATE

OF

DEATH

Month

Day

Year

2-10-62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

2-16-1940

9. AGE (last birthday)

21

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Cleaner

10b. KIND OF BUSINESS OR INDUSTRY

Dry Cleaning

11. BIRTHPLACE (City and state or country)

Ponca City, Oklahoma

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Wm. M. Ellison

13b. MOTHER'S MAIDEN NAME

Francis Hill

14. NAME OF HUSBAND OR WIFE

Jeraldine Hudson Ellison

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, ☒, or unknown) (If yes, give war or dates of service)

Unk

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Wm. M. Ellison

Bentonville, Ark

18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Crushed chest, head injury

INTERVAL BETWEEN

ONSET AND DEATH

2 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Car accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Thrown from car as it
rolled over when failed to make turn

20c. TIME OF

INJURY

Hour

p.m.

Month, Day, Year

2-10-62

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

8 miles north of Joplin #43

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7:50

to

and last saw

him

alive on

2-10-62

Death occurred at

9 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,

REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

2-11-62

Memorial Gardens

Bentonville, Ark

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

CALLISON-McKINNEY FH, BENTONVILLE, ARKANSAS

2-16-1962

Dore Merriam

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1962

APR 17 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey E. Olm

Licensed Embalmer No. 4463

P. O. Address Jefferson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.